Minutes of the PHIN Members' Meeting 21 July 2022 (PB2240)

Location: Maynard Theatre, The King's Fund, 11-13 Cavendish Square, London W1G 0AN

Chair: Jayne Scott

Attendees

Member Representatives	
Doug Wright	Aviva
Dr Pallavi Bradshaw	AXA PPP Healthcare
Dr Robin Clark	Bupa UK
Helen Hartley	Bupa UK
David Anderson	Circle Health
Peter James	Circle Health
Rosemary Hittinger	Federation of Independent Practitioner Organisations
Richard Packard	Federation of Independent Practitioner Organisations
Cliff Bucknall	HCA International
Tim Cross	HCA International
Kelly Stevens	Hospital Of St John and St Elizabeth
Julia Phelan	King Edward VII's Hospital Sister Agnes
Ben Kelly	Nuffield Health
Susannah Nunn	Nuffield Health
Rachel Wheeler	Nuffield Health
John Shepherd	Ramsay Health Care UK
Jo Jenner	Spencer Private Hospitals Ltd
Peter Corfield	Spire Healthcare
Christopher Gilbert	Vitality Health

PHIN Directors	
Jayne Scott	Chair
Don Grocott	NED/Vice Chair
Professor Sir Cyril Chantler	NED
Jack Griffin	Acting CEO and PHIN Finance & Commercial Director
David Hare	NED
Michael Hutchings	NED
Nigel Mercer	NED
Hugh Savill	NED
Professor Sir Norman Williams	NED

Guests

Susannah Meeke	Competition & Markets Authority (CMA)
Mike Barnes	Healix
Sally Campbell	Healix
Robert Bundock	Healthcare Purchasing Alliance
Bethan Mackay	Healthcare Purchasing Alliance
Fiona Booth	Healthcode Ltd.
Sally Taber	ISCAS
Richard Steele	NHS Digital
Ian Gargan	PHIN CEO designate
Alistair Moses	PHIN Communications Manager designate
Terese Sheperdigian	The Royal Marsden NHS Foundation Trust

PHIN Staff – In Attendance	
Phil Beicken	Programme Manager
Anne Coyne	Consultant Relationship Manager
Megan Dunaway	Hospital Relationship Manager
Aleksandra Gould	Office Manager / EA
Jonathan Evans	Communication Manager
Jonathan Finney	Director of Member Services
Jon Fistein	Chief Medical Officer
Jessica Harcourt	Virtual Assistant (Minutes)
Oliver Lee	Data Quality Analyst
Peter Mills	Senior Information Services Manager
David Minton	Chief Technology Officer
Hilary Newmark	Business Analyst
Giulia Palmieri	Assistant Product Manager
Pooja Rupalia-Seyani	Analytics Manager
Mona Shah	Director of People & Process (Company Secretary)
Greg Swarbrick	Strategic Projects Lead

Apologies

Rowan Connell	Benenden Hospital

Minutes of the Meeting

1. Welcome and Introductions from the PHIN Chair

The PHIN Chair, Jayne Scott, welcomed Members and guests to the informal Members Meeting.

The Chair noted that the Partnership Forum (of providers and PHIN staff) had worked effectively. Its IHPN members provided the right balance of challenge and support. PHIN was also grateful for the engagement from the wider membership, NHS Private Patient Units and other stakeholders. The CMA had worked collaboratively with PHIN and provided an exceptional level of support combined with a pragmatic view on the way forward. The Chair extended her considerable thanks to the PHIN Executive team and staff for going above and beyond to reach this point.

The Chair noted that PHIN had heard the clear message that the focus should be on delivering the Order and commented that the hard work started now with challenges ahead on how to deliver and implement the CMA Order roadmap and delivery plan. Patients were central to the work and this focus should always underpin the work being done.

The Chair encouraged everyone to get involved in the various work streams that would follow on if the CMA plan was approved today and hoped that a wide a range of stakeholders would be represented.

The Chair concluded by introducing Ian Gargan who had been appointed as the new PHIN Chief Executive and would be joining PHIN at the beginning of September 2022.

The Chair invited Jack Griffin (JG), PHIN's Acting Chief Executive and Finance & Commercial Director to speak.

2. CMA Order Roadmap and Delivery Plan

a) Overview of progress to date

JG presented an overview of progress made to date with regards to the CMA roadmap and delivery plan 2022-2026.

JG gave an overview of the status of hospital and consultant data submission:

- Of the 655 total number of private hospital sites, 559 were submitting data of which 150-200 were consistently providing information across all measures to be published.
- Of the c. 12,000 consultants in the APC data, c. 9,000 had submitted consultation fees, c. 8,000 had submitted procedure fees and c. 2,000 had patient submitted feedback measures. Fewer than 3,000 had approved their volume and length of stay measures.

Following the website relaunch the previous year, there had been a quarter of a million users, 1 million page views and traffic was organically growing month on month demonstrating that patients were using the website. In addition, there had been some 3,000 responses received to the feedback questionnaire on the website.

b) Key themes from consultation

JG advised that he would be giving an overview of the key themes from the consultation process and acknowledged that more detail and reassurances were needed in several areas.

JG first handed over to Jon Fistein (JLF) to present an overview of progress with regards to measures development and publication.

Jonathan Finney (JF) then commented that PHIN had clearly heard the feedback from the PPUs during the consultation about being more involved and the CMA plan had been amended accordingly. PHIN was working on a number of initiatives to increase PPU representation and involvement and in particular how best the smaller PPUs could be better included.

Regarding the proposed PHIN resourcing, JG had sent additional detail on the plans to the voting members the previous week. The resourcing plan has been rephased allowing the originally planned fee increase of 15% in February 2023 to be amended to a phased approach with a 7.5% increase in February 2023 and a further 6.5% in August 2023.

JG also gave an overview of the consultation feedback regarding ADAPt, fees and packages, patient involvement and use of the PHIN website.

c) Ongoing work and next steps

JG provided a summary of the ongoing work and the next steps including:-

- Task and Finish Groups working on policy positions and a definition of 'complete' delivery for all Article 21 measures.
- Working groups being established for consultant presumed publication and PROMs (Patient Reported Outcome Measures).
- Programme monitoring and governance

JG concluded that there was still plenty of work to be done and areas to resolve and that it was therefore vital that all parties continued to work together.

3. Partnership Forum perspective

Cliff Bucknall (CB), HCA was invited to provide his perspective on how the Partnership Forum had progressed.

CB noted that the aim of the CMA was to prevent the adverse consequences of competition and that it was essential for all parties to collaborate and reach a consensus on the way forward. CB acknowledged that resourcing had been a key point of contention in the Partnership Forum discussions and associated Task and Finish groups but that the plan needed to be resourced if the Order was to be delivered. There was a fixed time period in which to deliver and there was a need for all providers and consultants to find ways to enter data accurately and in a timely manner. More work and collaboration would be required to achieve a successful outcome.

The Chair invited ***Susannah Meeke (SM) from the CMA*** to speak.

SM advised that the CMA Board had met the previous day to review the roadmap and plan and, following a full and frank debate, were supportive and keen to see the work delivered. The CMA was appreciative of the complexity of the work to be done and also of the hard work that had gone into creating the plan.

The proof would be in the delivery and the CMA were concerned about delays and that the original planned date had been exceeded. The CMA remained interested in monitoring progress and would remain on the ball in terms of enforcement and noted that enforcement action had started against consultants who had not engaged in the process of data submission. The CMA recognised that there were some difficult conceptual items to be worked through to ensure measures were useful for

consumers. The CMA was focused on the quality of data and that all parties were collecting and submitting data.

4. Panel Q and A

The Chair introduced the panel members for the question-and-answer section of the meeting:

Cliff Bucknall (CB), Medical Director at HCA International
Jonathan Finney (JF), Member Services Director at PHIN
Jon Fistein (JLF), Chief Medical Officer at PHIN
Jack Griffin (JG), Acting Chief Executive and Finance and Commercial Director at PHIN
Jo Jenner, (JJ) Commercial Director at Spencer Private Hospitals Ltd
Nigel Mercer (NM), Non-Executive Director on the PHIN Board (consultant representative)

Dr Pallavi Bradshaw (PB), AXA PPP Healthcare
PB asked to what extent PHIN had consulted with independent patient groups when creating the CMA roadmap to ensure it would be valued by patients and help them and funders of care make informed decisions.

JF responded that 3 rounds of patient research had been commission as part of the PHIN website redesign. PHIN regularly engaged with the Patients Association and Patient Safety Learning. PHIN had considered creating a patient panel but the level of resourcing required to manage this on an ongoing basis was prohibitive to an organisation of PHIN's size.

Rosemary Hittinger (RH), FIPO
CB had referred to the adverse effect on competition because of the way the sector had been in the past and RH asked how it would be measured that what was being done would have a positive effect on competition.

JG acknowledged that this would be challenging to demonstrate but early indicators were that the information available on the PHIN website was having a positive effect. The volume of patients accessing the information demonstrated that patients were now able to access information to help them make decisions, that was not previously available. A third of patients that completed the survey on the PHIN website confirmed that they had made a booking after looking at the information on the PHIN website.

A member of the PHIN Board commented that having been a recent patient, he had been faced with varying information from multiple sources and had turned to the PHIN website to obtain an independent view on his options.

Rosemary Hittinger (RH), FIPO *asked what information the member of the PHIN Board had checked on the PHIN website.*

The Board Member confirmed he had checked the hospital and its accessibility as it was important to understand if relatives could easily visit him. He had also checked the consultant and how many of the relevant operations he had performed.

Susannah Meeke (SM), CMA *commented that patients using the data was not the only value to consider as quality could also be improved through GPs and hospitals using the data.*

Cliff Bucknall, HCA *commented that the goal was to achieve a level playing field of data with patients being able to look at the same data across the different hospitals and consultants.*

Richard Packard (RP), FIPO *responded to CB's statement by noting that raw mortality rates between a cancer hospital and an orthopaedic hospital would be very different.*

JLF responded to RP that, for every measure, PHIN considered if the data would be of use to patients. PHIN did not necessarily share with patients all the available data if it was not going to be helpful to them and could be misleading. However, even if not published, the data could be used by providers to reach a clear understanding of the reasons for any differences in the data between hospitals.

Susannah Meeke (SM), ***CMA*** *commented that the CMA did not want PHIN to publish data that would not be helpful to patients or could be misunderstood. SM also noted that it should be considered if there was a sensible way to present some of the data, for example, comparing cancer hospitals with each other.*

Doug Wright (DW), Aviva
DW commented that before the Order was in place, data wasn't available at all and as such considerable progress had been made. DW commented on the lack of data from some consultants which had slowed progress to more complete data and was pleased to hear that the CMA had been taking enforcement action.

A PHIN Board Director commented that there was distrust amongst some consultants thinking that PHIN had gone to the CMA to ask for enforcement action when this was not the case. He added that it was important to be able to identify poor practice through data. The data would also be of benefit to consultants at appraisal time. Consultants were also now aware that presumed publication was coming and that if they did not submit their data, ultimately the GMC would be notified. It was hoped that this stage would not need to be reached. It was hoped that the initiative to enable medical secretaries access to the PHIN portal would make it easier for consultants to comply with their obligations.

Commenting on the benefit to consultants of providing their data to PHIN, JF noted that 70% of clicks on the website were to consultant profiles, amounting to 7,000 clicks a month on consultant contact cards.

The PHIN Board Director concluded by noting that the messaging to consultants was that PHIN was not the enemy and in addition, it was not PHIN's role to be involved in mediating between consultants and the private medical insurers.

Sally Taber (ST), ISCAS
ST thanked PHIN for including ISCAS on the website. ST noted that there were 277 NHS PPUs without access to an external review stage and 2 of those were the highest earning PPUs in the NHS. Pilots with 2 hospitals had been accepted by the Department of Health the previous day. ST noted that Recommendation 6 of the Paterson Enquiry was that every private hospital should have access to an external review stage by the end of this year. Without working together, it would not be possible to tackle this situation.

JG responded that PHIN were looking at reigniting the relationships with the PPUs including working through NHS England and having PPU representation on the Partnership Forum.

Peter James (PJ), Circle Health
PJ asked how closely PHIN was working with existing organisations that provided data e.g specialist societies, to avoid information overload to patients and duplication of requests.

JLF responded that PHIN had established relationships with specialist societies and also noted that PHIN needed to take a pragmatic approach and looked first at those sources of information that would have the most impact for patients.

A PHIN Board Director commented that there was a programme underway that all data sources would come into NHS England through NHS Digital and other audits and registries. PHIN data through the ADAPt Programme would also be included in time. NM commented that PHIN currently focused on the larger outcome databases but would in time look at smaller registries.

Robin Clark (RC), BUPA
RC commented that he was heartened to hear that the CMA was taking enforcement action against those consultants that were not participating but that perhaps hospitals could play a more proactive role in ensuring that that the consultants within their facilities were submitting data by having conversations relating data provision to practice privileges. This may then avoid the CMA having to take enforcement action which should be the last resort and not the first.

CB responded that encouraging consultants to take part was the first focus and that conversations he had personally had with consultants had been very effective in getting consultants to meet their obligations. NM commented that his personal experience, in relation to two hospital groups, was that PHIN data completion was a criterion when reviewing practice privileges.

CB expressed the view that those hospitals not submitting data should automatically be designated as "requires improvement" in order to highlight non-compliance.

Jo Jenner (JJ), Spencer Private Hospitals Ltd
JJ commented that in her experience some consultants had the option to part company with the hospital that was requiring compliance and could simply join another local hospital. It was therefore essential that all hospitals should be giving the same messages to consultants regarding the need to be compliant with their data submission obligations.

Richard Packard (RP), FIPO
RP asked if PHIN understood the number of consultants that they would not get data from as some would not have length of stay or procedure numbers and as such PHIN may only get data from 60% of the consultants in private practice but that, in his opinion, this equated to 100% of the consultants in scope of the Order.

JLF responded that PHIN received data on every private episode of care whether that was day case or inpatient. Whilst this was not all necessarily published, it did enable PHIN to gain a broader picture of how a surgeon was performing. PHIN would not receive activity data for consultants who did not admit patients.

The Chair thanked the panel members and the attendees for their engagement in the question-and-answer session.

5. Concluding remarks

The Chair acknowledged that there was a lot of work ahead for PHIN and its Members.

PHIN would be holding an event in September to engage with Members and other stakeholders which would provide another opportunity to meet Ian Gargan the incoming PHIN CEO. Invitations would be issued shortly.

The Chair thanked the attendees for their engagement in the proceedings and closed the meeting.

6. Date of next meeting

The AGM will be held on Tuesday 6 December 2022.